



**TOWN CLERK, DIANE WILHELM**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200 Ext. 260

**APPLICATION FOR PEDDLER'S LICENSE**

No. \_\_\_\_\_

STATE OF NEW YORK)  
COUNTY OF SUFFOLK) ss:  
TOWN OF RIVERHEAD)

I, the undersigned, hereby apply for a Peddler's License, and being duly sworn, depose and say,

Social Security/ Tax Identification No.: \_\_\_\_\_

My Name is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

I have resided in the Town of \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_ for \_\_\_\_\_ years.

The type of Merchandise to be distributed will be \_\_\_\_\_

The principal place of business for this merchandise is \_\_\_\_\_

I will \_\_\_\_ will not \_\_\_\_ be conducting this business form a conveyance. If business is to be conducted form conveyance, what type of conveyance? \_\_\_\_\_  
(If vehicle, year, make and vehicle identification number or attach copy of registration.)

Driver's License No. \_\_\_\_\_

Length of time for which permit will be required: \_\_\_\_\_

Have you been arrested or convicted of any crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what state:

Nature of Crime

Court

Sentence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the provisions of Chapter 84 "Peddlers and Solicitors" of the Town of Riverhead and agrees to comply with all the provisions of said chapter.

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Applicant

Sworn before me this \_\_\_\_\_

Day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public

**\*\*NOTE:** A copy of your driver's license, New York State Sales Tax Resale Certificate, two (2) recent photographs 2 ½ x 2 ½ inches in size together with a complete set of fingerprints, and a statement made by a reputable physician, dated not more than ten (10) days prior to the submission of the application certifying that the applicant is free of any contagious infections or contagious diseases **MUST ACCOMPANY THIS APPLICATION.**